DRAFT
Summary Proceedings

Health Information Infrastructure Board Meeting (HIIAB)
Radisson SeaTac
Thursday, November 17, 2005, 8:30 a.m. to 4:30 p.m.

Members Present
Wendy Carr, V. Marc Droppert, James Hereford, Jeffrey Hummel, Hugh Maloney, David Masuda, Richard Onizuka, Marcus Pierson, Gary Robinson(Kimberly Creguer, attending for), Ed Singler, and Alexis Wilson

HCA Board Staff and Consultant
Juan Alaniz, Ruth McIntosh and Dr. William Yasnoff

Board Members Not Present
Thomas Fritz

Interested Parties Attending
Tom Byron, Washington State Hospital Association; Andy Fallat, Foundation for Healthcare Quality; Dr. David Deichert, WANP; Steve Moe, Consultant; Bob Perna, Washington State Medical Association; Sandy Rominger, The Boeing Company; Dean Sittig, Kaiser Permanente;

Call to Order
The meeting was called to order at 9:05 a.m. by Acting Chair, Jeffrey Hummel. The Chair, Marc Droppert resumed his duties on arrival after the lunch session.

Introduction of Board Members and Approval of 10/22/05 meeting summary
Board members introduced themselves to the public and interested parties. The Chair asked the public and interested parties to introduce themselves. The meeting summary (minutes) of November 17, 2005 were approved.

Adoption of the agenda
All agenda items were adopted with the understanding that guest speaker Christina Hulet, from the Governor's Health Policy Office would address the Board sometime in the afternoon. The Chair and Board agreed to interrupt the agenda to accommodate the request.

Reports and Assignments
- *Stakeholders Advisory Committee*
  Mr. Juan Alaniz, Project Manager provided an update on status of the HIISAC. HCA selected thirty-seven individuals from five different groups. They are

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Clinicians, IT and Policy Experts, Consumers, Healthcare and Long-Term, Researchers, Payers and Health Care Carriers, and Purchasers. Our first HIISAC

meeting will be December 1, 2005 at the Radisson SeaTac Hotel in Seattle. An update of the first meeting will be provided to the Board.

Examples of Consumers and Stakeholders Views about HII
Dr. Bill Yasnoff provided information on four categories of consumer attitudes.
- *The general concerns about EMR systems*
- *Value and uses about EMRs*
- *Privacy and trust issues about EMRs*
- *Consumer system design principles*

The Accenture Survey of 2005 shows general attitudes of consumers (nation wide) being favorable to and becoming aware of the value of health information exchange. The consumer can quickly access their own records if in a life or death situation. The quality of care also improves, errors are reduced, and it can provide more accurate medical information for the consumer. A question addressed in the Accenture Survey was whether consumers are willing to pay $5 a month for health information storage fee; and the survey data shows at least fifty-two percent would be willing to pay.

The California Health Care Foundation shows consumer survey data that indicates sixty-seven percent have concerns surrounding privacy and trust issues. In most cases from the same study thirteen percent of consumers have used a privacy protective behavior component as it relates to their medical information.

Details on this presentation by Dr. Bill Yasnoff can be found in the materials on the project website: http://hca.wa.gov/hit/

Evaluation Criteria for HII Solutions
Dr. Yasnoff reviewed a prepared document with the Board and facilitated the discussion on evaluation criteria (**Evaluation criteria for Health Information Infrastructure [HII] solutions**).

Dr. Yasnoff addressed the following areas of the concept:
- *Requirements*
- *Assumptions*

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- *Framework for Evaluation*
- *Summary*

After reviewing and discussing the concept, the HIIAB agreed to revisions to sections of the document, and Dr. Yasnoff made all suggested changes during the session. (**Evaluation criteria for Health Information Infrastructure [HII] solutions**)

Guest Speaker- Christine Hulet
Ms. Hulet addressed the HIIAB and Interested Parties. She emphasized some of Governor Gregoire's key initiatives that include health information technology, evidence based medicine, wellness and prevention, and data transparency.
Ms. Hulet expressed that the Governor envisions health care with a "consumer in charge approach" and would like to establish of a goal of getting to such a model by the year 2010.

Ms Hulet acknowledged the developing work of the Board and requested initial feedback from the Board regarding options under consideration as first steps to help promote and expedite Health IT, EMR/EHR adoption. While cautioning that these were conceptual notions at this time, they included ideas such as establishing target "stretch" dates for adoption of HealthIT and EMR by a majority of hospitals and providers; pilot sites for limited grants to providers and other pilot incentives. Ms. Hulet provided some thoughts about how these pilots might be funded within current resources.

Board members provided feedback to Ms Hulet. Comments and feedback centered on ideas and concepts for consideration that would achieve the intended goal. These included among others, "e-prescribing" to physicians; pay for performance pilots; and reframing the stretch goals to focus on an intended outcome not on a particular initiative. Ms Hulet thanked the Board for their consideration and assistance.

Proposed Path for Achieving HII – facilitated by Dr Yasnoff.
Based on described HIIAB goals Dr. Yasnoff facilitated the discussion on HII system design goals.
- Achievable
- Consumer/User Centered
- Incremental
- Ensure Security and Privacy

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- Process is inclusive and Collaborative
- Alignment of Incentives

Dr. Yasnoff also provided some examples of health information exchange within particular communities, such as the Veteran's Administration. He pointed out the interoperability gaps between such exchanges and systems.

eHealth Trust - Path to Achieving HII
Dr. Yasnoff outlined three elements about a potential solution, the eHealth Trust path.
- Central Community Repository
- Paid and Controlled by Consumers
- Solves Key Problems

Some of the concerns addressed about the model that he discussed included:
- Privacy assurance for consumers
- EHR incentives for physicians
- Financial sustainability
- Cooperation by health care institutions
- Adoption and gradual improvement of standards
- Minimal startup costs ($5 million)

The proposed solution presentation by Dr Yasnoff is included as **Path to achieving HII**.

Interested Party and Public Comment
David Deichert, WANP Representative:
Dr. Deichert noted concerns about Phase I and chronic healthcare.
"Naturopaths are slightly different then conventional medicine doctors in that we primarily see chronic disease cases and very few acute. Patients with chronic health diseases require several healthcare doctors for their care. As such, they are good candidates for phase I (*of the proposed solution*). Currently, each visit requires record release forms which takes time… resulting in frustration and delay in treatment. It could be possible to leverage this to help sell $4.95 per month for their various doctors to have time (for entry and availability of their) health care information."

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Bob Perna, Washington State Medical Association
"As we traverse these discussions, I think it is important to distinguish between the physician (as practitioner) verses the physician's practice (as business) entities, as each has different requirements and concerns on EMRs.

To briefly state, the physician is concerned with the breadth and depth of clinical data and its accessibility and retrievabile.   The physician's practice is the business entity that must address the acquisition, implementation, and maintenance of health information technology (as the WSMA calls it the "AIM-HIT" model), and cost associated with this."

Adjournment
With no further business and with assignments confirmed by Juan Alaniz, the Board was adjourned by Chair, Marc Droppert, at 4:15 P.M. The next meeting will be held at the Radisson Hotel in Seattle on December 15, 2005.